

**U.S. DEPARTMENT OF TRANSPORTATION
SMALL BUSINESS INNOVATION RESEARCH PROGRAM
SOLICITATION NO. DTRS57-03-R-SBIR**

**APPENDIX C
(SCHEDULE 1)**

CONTRACT PRICING PROPOSAL

PROPOSAL COVER SHEET				1. SOLICITATION/CONTRACT/MODIFICATION NUMBER			
2a. NAME OF OFFEROR				3a. NAME OF OFFEROR'S POINT OF CONTACT			
2b. FIRST LINE ADDRESS				3b. TITLE OF OFFEROR'S POINT OF CONTACT			
2c. STREET ADDRESS							
				3c. TELEPHONE		3c. FACSIMILE	
2d. CITY	2e. STATE	2f. ZIP CODE		AREA CODE	NUMBER	AREA CODE	NUMBER
4. TYPE OF CONTRACT OR SUBCONTRACT (<i>Check</i>) <input type="checkbox"/> FFP <input type="checkbox"/> CPFF <input type="checkbox"/> CPIF <input type="checkbox"/> CPAF <input type="checkbox"/> FPI <input type="checkbox"/> OTHER (<i>Specify</i>)				5. <input type="checkbox"/> PRIME OFFEROR <input type="checkbox"/> SUBCONTRACTOR _____ <div style="text-align: right;">PRIME OFFEROR'S NAME</div>			
6. ESTIMATED COST, FEE AND PROFIT INFORMATION							
A. ESTIMATED COST							
B. FIXED FEE							
C. AWARD FEE							
D. PROFIT							
E. TOTAL PRICE							
7. PROVIDE THE FOLLOWING							
NAME OF COGNIZANT CONTRACT ADMINISTRATIVE AGENCY				NAME OF COGNIZANT GOVERNMENT AUDIT AGENCY			
STREET ADDRESS				STREET ADDRESS			
CITY	STATE	ZIP CODE		CITY	STATE	ZIP CODE	
TELEPHONE	AREA CODE	NUMBER		TELEPHONE	AREA CODE	NUMBER	
FACSIMILE	AREA CODE	NUMBER		FACSIMILE	AREA CODE	NUMBER	
NAME OF CONTACT				NAME OF CONTACT			
PROPERTY SYSTEM <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined acceptable <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined not acceptable <input type="checkbox"/> Never reviewed				APPROXIMATE DATE OF LAST AUDIT			
				PURPOSE OF AUDIT (e.g. proposal review, establishment of billing rates, finalize indirect rates, etc.)			
PURCHASING SYSTEM <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined acceptable <input type="checkbox"/> Reviewed by cognizant contract administrative agency and determined not acceptable <input type="checkbox"/> Never reviewed				ACCOUNTING SYSTEM <input type="checkbox"/> Audited and determined acceptable <input type="checkbox"/> Audited and determined not acceptable <input type="checkbox"/> Never audited			
8a. NAME OF OFFEROR (<i>Typed</i>)				9. NAME OF FIRM			
8b. TITLE OF OFFEROR (<i>Typed</i>)							
10. SIGNATURE					11. DATE OF SUBMISSION		

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Background

The following items, as appropriate, should be included in proposals responsive to this Solicitation.

Cost Breakdown Items (in this order, as appropriate) (See Section III.E)

1. Name of proposer
2. Address of proposer
3. Location where work will be performed
4. Proposer's Project Title
5. Research topic number and title from DOT SBIR Program Solicitation
6. Total dollar amount of the proposal (dollars)
7. Direct material costs
 - a. Purchased parts (dollars)
 - b. Subcontracted items (dollars)
 - c. Other
 - (1) Raw materials (dollars)
 - (2) Standard commercial items (dollars)
 - d. Total direct materials (dollars)
8. Material overhead rate _____ % x total direct material = dollars
9. Direct labor (specify)
 - a. Type of labor, estimated hours, rate per hour and dollar cost for each type
 - b. Total estimated direct labor (dollars)
10. Labor overhead
 - a. Identify overhead rate, the hour base and dollar cost
 - b. Total estimated labor overhead (dollars)
11. Special testing (include field work at Government installations)
 - a. Specify each item of special testing, including estimated usage and unit cost
 - b. Estimated total special testing (dollars)
12. Other special equipment
 - a. If direct charge, specify each item of special equipment, including usage and unit cost
 - b. Estimated total other special equipment (dollars)

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13. Travel (if direct charge)
 - a. Transportation (detailed breakdown and dollars)
 - b. Per diem or subsistence (details and dollars)
 - c. Estimated total travel (dollars)
14. Consultants Service
 - a. Identify each consultant, including purpose and dollar rates
 - b. Total estimated consultant service costs (dollars)
15. Other direct costs (specify)
 - a. Total estimated direct cost and overhead (dollars)
16. General and administrative expense
 - a. Percentage rate applied
 - b. Total estimated cost of G&A expense (dollars)
17. Royalties (specify)
 - a. Estimated cost (dollars)
18. Fee or profit (dollars)
19. Total estimated cost and fee or profit (dollars)
20. The cost breakdown portion of a proposal must be signed by a responsible official of the firm (include typed name and title and date of signature).
21. Provide a yes or no answer to each of the following questions:
 - a. Has any executive agency of the United States Government performed any review of your accounts or records in connection with any other government prime contract or subcontract within the past twelve months? If yes, provide the name and address of the reviewing office, name of the individual and telephone/extension.
 - b. Will you require the use of any government property in the performance of this proposal? If yes, identify.
 - c. Do you require government contract financing to perform this proposed contract? If yes, specify type as advanced payments or progress payments.
22. Type of contract proposed, firm-fixed price.
23. DUNS number, if available _____
(See Section III.F)
24. Tax Identification Number, if available.